06/20/2007 11:26

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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2007 05 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 20 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	te or Type Committee Name American Hospital Association PAC		
Rep	oort Covering the Period: From:	0 5 0 1 Y Y W Y 2 0 0 7	To: 0 5 3 1 2 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
ô. (a	a) Cash on Hand January 1 Y 2007		1038787.58
(i	b) Cash on Hand at Begining of Reporting Period	912127.57	
(0	c) Total Receipts (from Line 19)	71279.37	348923.92
(0	d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	983406.94	1387711.50
7. T	otal Disbursements (from Line 31)	96555.88	500860.44
F	eash on Hand at Close of deporting Period Subtract Line 7 from Line 6(d))	886851.06	886851.06
th	rebts and Obligations owed TO ne committee (Itemize all on schedule C and/or Schedule D)	0.00	
tł	rebts and Obligations owed BY ne committee (Itemize all on schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 5

From:

01

^Y 2 0 0 7

To:

м м 0 5 ^D 3 1

2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	41480.85	114062.04
	(ii) Unitemized	18207.42	52985.43
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	59688.27	167047.47
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	1250.00	6250.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60938.27	173297.47
2.	Transfers From Affiliated/Other Party Committees	10000.00	173900.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	341.10	1726.45
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71279.37	348923.92
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	71279.37	348923.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal	-	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	552.78	3307.34
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	552.78	3307.34
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	96000.00	496800.00
. Independent Expenditure (use Schedule E)	0.00	0.00
. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	750.00
. Other Disbursements	3.10	3.10
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	00555 00	500000 44
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96555.88	500860.44
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	96555.88	500860.44
HOTH LINE OT J	30000.00	300000.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	60938.27	173297.47
34.	Total Contribution Refunds (from Line 28(d))	0.00	750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	60938.27	172547.47
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	552.78	3307.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	552.78	3307.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6/72 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Date of Receipt Mailing Address Post Office Box 8600 0 5 02 2007 City Zip Code State Transaction ID: 14135483 Harrisburg PA 17105-8600 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 C C00128082 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	10000.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7 / 72
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
Z	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) David H. Wiesman			Date of Receipt
	Mailing Address 4521 Hickory Grove Blv	rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14156271
	Greenwood	IN	46143-7448	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Indiana Hospital&Health	Occupation Vice Pres		7
	Association Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
				-
В.	Full Name (Last, First, Middle Initial) Mr. Robert E. Morr, Jr.			Date of Receipt
	Mailing Address 5227 North Washington	Boulevard		M M / D D / Y Y Y Y
				05 16 2007
	City	State	Zip Code	Transaction ID: 14156272
	Indianapolis	IN	46220-3060	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			230.00
	Name of Employer	Occupation	1	
	Indiana Hospital&Health Association	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Spencer L. Grover			Date of Receipt
	Mailing Address 3636 Emily Way			05 16 2007
	City	State	Zip Code	Transaction ID: 14156273
	Carmel	IN	46033-4442	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Indiana Hospital&Health	Occupation		
	Association	Vice Pres		\dashv
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		250.00	
	(openij) ▼	-	0 0 0 0 0 0 0	1
ا	UBTOTAL of Receipts This Page (optional)			750.00
٣	COLOTAL OF FIGURE THIS Fage (optional)			

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 72	
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one) X 11a	
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ring the name and address	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association F	AC			
Full Name (Last, First, Middle Initial) A. Mr. Al Gatmaitan			Date of Receipt	
Mailing Address 4847 E. CR 100			05 16 7 2007	
City Avon	State IN	Zip Code 46123-8338	Transaction ID: 14156274	
FEC ID number of contributing federal political committee.	C	40123-0330	Amount of Each Receipt this Period 250.00	
Name of Employer Clarian West Medical Cent-	Occupation CEO			
Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Mrs. Bernice C. Ulrich Mailing Address 4655 Running Br				
City	0 5 1 6 2 0 0 7 Transaction ID: 14156275			
Greenwood	State IN	Zip Code 46143-9255	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Indiana Hospital&Health Association	Occupation Vice President			
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Mr. Brian T Shockney	'		Date of Receipt	
Mailing Address P O Box 7013			05 16 2007	
City <u>Logansport</u>	State IN	Zip Code 46947-7013	Transaction ID: 14156276	
FEC ID number of contributing federal political committee.	C	40947-7013	Amount of Each Receipt this Period 250.00	
Name of Employer Memorial Hospital	Occupation President	and Chief Executive Office	-	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (opti	onal)		750.00	
TOTAL This Period (last nage this line n	umber only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 72		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	_	
_				13 14 15 16 17	_	
An	y information copied from such Reports and States for commercial purposes, other than using the i	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		_	
$ \rangle$	American Hospital Association PAC					
	7 interiodit i loopital 7 loodelation 1 7 lo					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. L Gene Perry			Date of Receipt		
	Mailing Address P O Box 499			05 16 YYYY 2007		
	City	State	Zip Code	Transaction ID: 14156277		
	Paoli	IN	47454-0499	Amount of Each Receipt this Period	_	
			47404 0433			
	FEC ID number of contributing federal political committee.	C		250.00		
	•			_		
	Name of Employer Bloomington Hospital of	Occupation				
	Orange County		ecutive Officer	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	250.00			
	Carlor (opeony) \		1 1 1 1 1 1 1 1			
	Full Name (Last, First, Middle Initial)				_	
В.	Mike Packnett			Date of Receipt		
	Mailing Address 10125 Silver Lake Ct.			M M / D D / Y Y Y Y		
	01.	01-1-	7'- 0-4-	05 16 2007		
	City	State	Zip Code	Transaction ID: 14156278		
	Fort Wayne	IN	46825-7252	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Tederal political committee.					
	Name of Employer Parkview Hospital	Occupation	n			
	- <u> </u>	Presiden				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	☐ Other (specify) ♥	0 0	0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)			+	_	
C.	Mr. Charles H Mason, , Jr.			Date of Receipt		
	Mailing Address 6402 Cherry Hill Parkwa	ay		M M / D D / Y Y Y Y		
	Cit.	C+-+-	7in Ondo	05 16 2007		
	City Fort Wayne	State IN	Zip Code 46835-9637	Transaction ID: 14156279	_	
	•	IIN	40033-3037	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
				_		
	Name of Employer Parkview Hospital	Occupation				
			t and CEO	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	500.00			
	canon (opeonity) 🔻	0 0	1 1 1 1 1 1 1			
					_	
s	UBTOTAL of Receipts This Page (optional)			1000.00		
	1					
Ιτ	OTAL This Period (last page this line number of	nlv)				

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Han approved a selection (FOR LINE NUMBER: PAGE 10 / 72
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Vincent C. Caponi			Date of Receipt
	Mailing Address 8166 Darnley Court			05 16 7 2007
	City	State	Zip Code	Transaction ID: 14156280
	Indianapolis	IN	46260-2906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Vincent Hospitals and Health Servi	Occupation	n	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth G. Stella	Date of Receipt		
	Mailing Address 4671 Bedford Court	05 16 YYYYY 2007		
	City	State	Zip Code	Transaction ID: 14156281
	Carmel	IN	46033-4647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Indiana Hospital&Health	Occupation	n	
	Association	Former F		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14156287
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number o	nly)		
	, I J	J ,	•	

SCHEDULE A (FEC Form 3X)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 72
•			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield			Date of Receipt
	Mailing Address One North Franklin Stree Suite 32139			05 14 7 2007
	City	State	Zip Code	Transaction ID: 14156909
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Hospital Associa- tion	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Steve Worley			Date of Receipt
	Mailing Address 200 Henry Clay Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14158860
	New Orleans	LA	70118-5798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Children's Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Stephen F Wright			Date of Receipt
	Mailing Address 3330 Masonic Drive			05 14 2007
	City	State	Zip Code	Transaction ID: 14158861
	Alexandria	LA	71301-3899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Christus St. Frances Cabr- ini Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
т.	OTAL This Period (last page this line number on	ılv)		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A. Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , CHE Mailing Address P O Box 95009			Date of Receipt
City	State	Zip Code	0 5 1 4 2 0 0 7 Transaction ID: 14158862
Baton Rouge FEC ID number of contributing federal political committee.	C	70895-9009	Amount of Each Receipt this Period 500.00
Name of Employer Woman's Hospital Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Office e Year-to-Date ▼ 500.00	r
Full Name (Last, First, Middle Initial) Mr. John A. Matessino Mailing Address 9521 Brookline Avenue	•		Date of Receipt
City Baton Rouge FEC ID number of contributing	State LA	Zip Code 70809-8409	Transaction ID: 14158863 Amount of Each Receipt this Period 1000.00
Name of Employer Louisiana Hospital Association Receipt For: Primary General Other (specify)		n t & Chief Executive Officer e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Mr. Robert L Hawley, , FACHE Mailing Address 1001 Gause Boulevard			Date of Receipt 0 5 1 4 2 0 0 7
City Slidell	State LA	Zip Code 70458-2987	Transaction ID: 14158864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2	500.00
Name of Employer Slidell Memorial Hospital Receipt For: Primary General Other (specify) ▼	Chief Ex	ecutive Officer e Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 72
•			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	otomonte may	y not be cold or used by any perc	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia T. Jeter			Date of Receipt
	Mailing Address 17853 Prestwick Avenu	05		
	City	State	Zip Code	Transaction ID: 14158865
	Baton Rouge	LA	70810-7994	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Louisiana Hospital Associ- ation	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	7
	Other (specify)	0 0	300.00	1
— В.	Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE			Date of Receipt
	Mailing Address P O Box 1901	M M / D D / Y Y Y Y		
	011	01-1-	7'- 0-4-	05 14 2007
	City	State	Zip Code	Transaction ID: 14158866
	Monroe	LA	71210-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Patrick's Psychiatric	Occupation	1	7
	Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	1
_	Full Name (Last, First, Middle Initial)			Park (Parkin)
U.	Mr. Elton L Williams, , CPA, FAC Mailing Address P O Drawer 'M'			Date of Receipt
	Walling Address F O Drawer IVI			05 14 2007
	City	State	Zip Code	Transaction ID: 14158867
	Lake Charles	LA	70602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation President		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 3		1
	Other (specify)		500.00	
		·		4500.00
s	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 72						
ITEMIZED RECEIPTS	•	or each category of the	(check only one)						
II EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12						
		, ,	13 14 15 16 17						
Any information copied from such Reports or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to								
NAME OF COMMITTEE (In Full)									
American Hospital Association Pa	AC								
Full Name (Last, First, Middle Initial) A. Mr. Milton D Bourgeois			Date of Receipt						
Mailing Address 4608 Highway 1			05 14 7 2007						
City	State	Zip Code	Transaction ID: 14158868						
Raceland	LA	70394-2623	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Ochsner St. Anne General Hospital	Occupatio Chief Exc	n ecutive Officer							
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General			7						
Other (specify) ▼	0 0	500.00							
Full Name (Last, First, Middle Initial) B. Mr Robert Ramsey	·		Date of Receipt						
Mailing Address 5000 Hennessy B	05 14 2007								
City	City State Zip Code								
Baton Rouge	LA	70808-4350	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Our Lady of the Lake Regi- onal Medical	Occupatio Chief Fin	n ancial Officer							
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General	00 0		7						
Other (specify)	0 0	250.00							
Full Name (Last, First, Middle Initial) C. Mr. Gerald A Fornoff			Date of Receipt						
Mailing Address P O Box 1389			05 14 2007						
City	State	Zip Code	Transaction ID: 14158870						
<u>Opelousas</u>	LA	70571-1389	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Opelousas General Health System									
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General Other (specify) ▼		250.00	1						
	0 0								
SUBTOTAL of Receipts This Page (option	nal)	<u> </u>	1000.00						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 72
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. A. Gary Muller, , FACHE			Date of Receipt
	Mailing Address 1101 Medical Center B	oulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14158871
	Marrero	LA	70072-3191	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer West Jefferson Medical Ce-	Occupation	ı	\neg
	nter		and Chief Executive Officer	•
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. William F Barrow			Date of Receipt
	Mailing Address P O Box 4027			M M / D D / Y Y Y Y
	-			05 14 2007
	City	State	Zip Code	Transaction ID: 14158872
	Lafayette	LA	70502-4027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	+
	Name of Employer Our Lady of Lourdes Regio- nal Medical C		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
— С.	Full Name (Last, First, Middle Initial) Ms Stephanie L Bloom			Date of Receipt
٥.	Mailing Address 109 Rowan Court			M M / D D / Y Y Y Y
				05 18 2007
	City	State	Zip Code	Transaction ID: 14161851
	Manahawkin	NJ	08050-2900	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Community Medical Center	Occupation	n erating Officer	
	Receipt For:		Year-to-Date V	-
	Primary General	gg. ogulo		1
	Other (specify) ▼		250.00	
_				
				750.00
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/72
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE			Date of Receipt
	Mailing Address 2 Stone Harbor Bouleva	05 18 2007		
	City	State	Zip Code	Transaction ID: 14161856
	Cape May Court Hou	NJ	08210-2138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cape Regional Medical Cen- ter	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Aline M. Holmes			Date of Receipt
	Mailing Address 19 Ashford Drive			05 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14161874
	Plainsboro	NJ	08536-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior V	n P, Clinical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky			Date of Receipt
	Mailing Address 448 Harding Drive			05 18 2007
	City	State	Zip Code	Transaction ID: 14161892
	South Orange	NJ	07079-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Barnabas Health Care	Occupation	n e Vice President and General	
	System		4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 72 (check only one) X
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
`	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. Fred M DeGrandis			Date of Receipt
Λ	Mailing Address 18101 Lorain Avenue			05 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: 14161938
	Cleveland	OH	44111-5612	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N F	Name of Employer Fairview Hospital	Occupation Chief Exe	n ecutive Officer	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
_	Mailing Address 257 Clouse Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Dity	State	Zip Code	Transaction ID: 14161939
<u>(</u>	Granville	OH	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		250.00
N	Name of Employer Ohio Hospital Association	Occupation Senior Vi	ce President	
F	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan			Date of Receipt
Mailing Address 54 West Weisheimer Road City State				05 14 2007
			Zip Code	Transaction ID: 14161940
<u>(</u>	Columbus	OH	43214-2545	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N	Name of Employer Ohio Hospital Association	Occupation Director,	n Government Affairs	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00
	3 (1 -7			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 72				
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
۹.	Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing			Date of Receipt				
	Mailing Address 401 North Ewing Street			05 / 14 / 2007				
	City	State	Zip Code	Transaction ID: 14161941				
	Lancaster	OH	43130-3372	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Fairfield Medical Center	Occupation President	n t and Chief Executive Office					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
3.	Full Name (Last, First, Middle Initial) Ms. Debra R. Daniels-Ellis			Date of Receipt				
	Mailing Address 4060 Osage Ridge	05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 14162011				
	House Springs	MO	63051-1967	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		215.00				
	Name of Employer SSM DePaul Health Center		ir., Risk & Admin. Services					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		215.00					
- C.	Full Name (Last, First, Middle Initial) Mr Mark O'Connor			Date of Receipt				
	Mailing Address 12303 DePaul Drive			05 14 2007				
	City	State	Zip Code	Transaction ID: 14162014				
	Saint Louis	MO	63044-2588	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		215.00				
	Name of Employer SSM DePaul Health Center		ancial Officer					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		215.00					
s	SUBTOTAL of Receipts This Page (optional)							
			<u> </u>					
T	OTAL This Period (last page this line number o	nly)						

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 19/72					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
••	LIVIIZED NEOLII 13		Detailed Summary Page	X 11a 11b	$\begin{array}{c c} & 11c \\ & 15 \\ & 15 \end{array}$		
Δ.,	winformation assign from such Departs and Ct	13 14	15 16 17				
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions fror	n such committee.				
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
<u>/</u>	Full Name (Last, First, Middle Initial)						
A.	Ms. Kathleen A. Bonser			Date of Receipt			
	Mailing Address 40 Whittington Court) / Y Y Y Y		
	0"		7' 0 1	05 1			
	City	State	Zip Code	Transaction ID: 1			
	Saint Charles	MO	63303-2003	Amount of Each F	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			215.00		
	Name of Employer SSM DePaul Health Center	Occupation Vice Pres	n sident, Chief Nurse Executive				
	Receipt For:		Year-to-Date ▼				
	Primary General		045.00				
	Other (specify) ▼	0 0	215.00				
_	Full Name (Last, First, Middle Initial)			B. (B.)			
В.				Date of Receipt			
	Mailing Address P O Box 869			05 1	4 2007		
	City State		Zip Code	Transaction ID: 1	Transaction ID: 14165848		
	Norfolk	NE	68702-0869		Receipt this Period		
	FEC ID number of contributing				· · · · · · · · · · · · · · · · · · ·		
	federal political committee.	C			250.00		
	Name of Employer	Occupation	า	-			
	Name of Employer Faith Regional Health Ser-		ecutive Officer				
	vices Receipt For:	1	Year-to-Date ▼				
	Primary General						
	Other (specify) ▼		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dewey Davis			Date of Receipt			
О.	Mailing Address 1923 South Utica Aven			M M / D I) / Y Y Y Y		
	1923 South Office Aven	u c		0.5			
	City	State	Zip Code	Transaction ID: 1			
	Tulsa	OK	74104-6502	Amount of Each F	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer St. John Medical Center	Occupation Vice Pres					
	Receipt For:		Year-to-Date ▼				
	Primary General	riggregate	Total to Bate V				
	Other (specify) ▼	0 0	250.00				
			715.00				
S	UBTOTAL of Receipts This Page (optional)		7 15.00				
T	OTAL This Period (last page this line number o	only)	>				

Transaction ID: 14166373 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions fror commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Annerican Hospital Association PAC Full Name (Last, First, Middle Initial) A. Sr. M. Therese Gottschalk Malling Address Post Office Box 4753 City State Zip Code Other (specify) ▼ Cocupation President & Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code OK 73112-4481 PEC ID number of contributing federal political committee. Date of Receipt Initial	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 72	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Sr. M. Thorese Gottschalk Mailing Address Post Office Box 4753 City Tulsa OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Marian Health System President & Chief Executive Officer Receipt For: Primary General Other (specify) State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. Aggregate Year-to-Date President and Chief Operating Officer Receipt For: Primary General Other (specify) State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. C Solo. President and Chief Operating Officer Receipt For: Primary General Other (specify) State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. C Solo. President and Chief Operating Officer Receipt For: Primary General Other (specify) State Zip Code OK 73112-4481 Date of Receipt Transaction ID: 14166378 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. C Mailing Address 2220 West Iowa Avenue City Chickasha OK 73918-2700 FEC ID number of contributing federal political committee. Aggregate Year-to-Date Date of Receipt Transaction ID: 141676 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: 141676 Amount of Each Receipt his Period Transaction ID: 141676 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: 141676 Amount of Each Receipt his Period Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: 141676 Amount of Each Receipt his Period Transaction ID: 141676 Amount of Each Receipt his P	ITEMIZED RECEIPTS				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Anterican Hospital Association PAC Full Name (Last, First, Middle Initial) A. Sr. M. Therese Glotschalik. Mailing Address Post Office Box 4753 City State Zip Code Transaction ID: 14166373 Amount of Each Receipt this Period Transaction ID: 14166373 Amount of Each Receipt Transaction ID: 14166373 Amount of Each Receipt Transaction ID: 14166378 Apprendix Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: 14166378 Amount of Each Receipt Transaction ID: 141678 Amount of Each Receipt Transactio	TIEMIZED RESEIT 13		Detailed Summary Page		17
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Sr. M. Therese Gottschalk Mailing Address Post Office Box 4753 City State Zip Code Transaction ID: 14166373 Amount of Each Receipt this Period FeC ID number of contributing federal political committee. C C. State Zip Code Transaction ID: 14166378 Amount of Each Receipt this Period Other (specify) ▼ FEC ID number of contributing 1	Any information copied from such Reports and Stat	ements may	not be sold or used by any perso		17
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Sr. M. Therese Gottschalk Mailing Address Post Office Box 4753 City Tulsa OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Marian Health System President & Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code President & Chief Executive Officer Aggregate Year-to-Date ▼ Tansaction ID: 14166373 Amount of Each Receipt this Period Tansaction ID: 14166378 Amount of Each Receipt this Period Date of Receipt Tansaction ID: 14166378 Amount of Each Receipt this Period Date of Receipt Tansaction ID: 14166378 Amount of Each Receipt this Period Tansaction ID: 14166378 Amount of Each Receipt this Period Tansaction ID: 14166378 Amount of Each Receipt this Period Tansaction ID: 14166378 Amount of Each Receipt this Period Tansaction ID: 14166478 Tansaction ID: 14166478 Amount of Each Receipt this Period Tansaction ID: 14167416 Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Amount of Each Receipt this Period Tansaction ID: 14167416 Tansacti	or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) A. Sr. M. Therese Gottschalk Mailing Address Post Office Box 4753 City State Zip Code Tulsa OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Mariah Health System President & Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code OK 73112-4481 Date of Receipt Date of Receipt Date of Receipt Date of Receipt Sou.0 Transaction ID: 14166373 Amount of Each Receipt this Period Date of Receipt Date of Receip	NAME OF COMMITTEE (In Full)				
A. Sr. M. Therese Gottschalk Mailing Address Post Office Box 4753 City State Zip Code Tulsa OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Mailing Address 3300 NW Expressway City State Zip Code Primary General Office (specify) ▼ State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. Date of Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 14166373 Amount of Each Receipt his Period Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Coccupation President and Chief Operating Officer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code Other Specify ▼ Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14166378 Transaction ID: 14166378 Transaction ID: 14166378 Amount of Each Receipt his Period Transaction ID: 14166378 Transaction ID: 14167416 Transaction ID: 14166378 Transaction ID:	American Hospital Association PAC				
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City State Zip Code Transaction ID: 14166373 Amount of Each Receipt this Period Primary General Other (Specify)				Date of Receipt	
City State Zip Code OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify) ▼				⊣	
Tulsa OK 74159-0753 FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify) ▼ State Zip Code Occupation President and Chief Operating Officer Receipt For: Primary General Occupation President and Chief Operating Officer Receipt For: Primary General Occupation President and Chief Operating Officer Receipt Tour Primary General Other (specify) ▼ Date of Receipt Tour Transaction ID: 14166378 Amount of Each Receipt this Period Transaction ID: 14166378 Amount of Each Receipt Tour Transaction ID: 14167416 Amount of Each Receipt This Period Transaction ID: 14167416 Amount of Each Receipt This Period Transaction ID: 14167416 Amount of Each Receipt This Period Transaction ID: 14167416 Amount of Each Receipt Tour Transaction ID: 14167416 Amount of Each Receipt This Period Transaction ID: 14167416 Amount of Each Receipt Tour Transaction ID: 14167416 Amount of Each Receipt Tour Transaction ID: 14167416 Amount of Each Receipt This Period Transaction ID: 14167416 Amount of Each Receipt Tour Transaction ID: 1416				05 15 2007	
FEC ID number of contributing federal political committee. Name of Employer Marian Health System Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ Amount of Each Receipt this Period Federal political committee. Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. First, Middle Initial) FEC ID number of contributing federal political committee. President and Chief Operating Officer Receipt For: Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ Date of Receipt Top State Stat	-		•	Transaction ID: 14166373	
Name of Employer Name of Em	Tulsa	<u>OK</u>	74159-0753	Amount of Each Receipt this Period	
Name of Employer Marian Health System Receipt For:		C		500.00	
Receipt For:	federal political committee.	9			_
Receipt For:	Name of Employer	Occupation	ı	7	
Primary	Manan Health System	President	& Chief Executive Officer		
Sound Sou		Aggregate	Year-to-Date ▼		
B. Full Name (Last, First, Middle Initial) Mr. C. Bruce Lawrence Mailing Address 3300 NW Expressway City State Zip Code Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify) ▼ State Zip Code Occupation President and Chief Operating Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 14166378 Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital C. Mr. E Michael Nunamaker FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer Receipt For: Primary General Date of Receipt Transaction ID: 14167416 Amount of Each Receipt this Period FEC ID number of Contributing federal political committee. FEC ID number of Contributing federal political committee. Name of Employer Grady Memorial Hospital FEC ID number of Contributing federal political committee.	,		500.00		
B. Mr. C. Bruce Lawrence Mailing Address 3300 NW Expressway City State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center. Receipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City State Zip Code OK 73018-2700 FEUI D number of contributing federal political committee. Name of Employer Integris Baptist Medical Center. Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 14166378 Amount of Each Receipt this Period Tour State Zip Code OK 73018-2700 Transaction ID: 14167416 Amount of Each Receipt Tor: Aggregate Year-to-Date ▼ Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Transaction ID: 14167416 Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416	Other (specify)	0 0	0 0 0 0 0 0 0		
B. Mr. C. Bruce Lawrence Mailing Address 3300 NW Expressway City State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center. Receipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City State Zip Code OK 73018-2700 FEUI D number of contributing federal political committee. Name of Employer Integris Baptist Medical Center. Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 14166378 Amount of Each Receipt this Period Tour State Zip Code OK 73018-2700 Transaction ID: 14167416 Amount of Each Receipt Tor: Aggregate Year-to-Date ▼ Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416 Transaction ID: 14167416 Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416	Full Name (Last, First, Middle Initial)			+	_
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City State Zip Code OK 73112-4481 FEC ID number of contributing federal political committee. Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify) ▼ C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City State Zip Code Transaction ID: 14166378 Date of Each Receipt this Period Tools of Each Receipt this Period Transaction ID: 14167416 Transaction ID: 14166378 Amount of Each Receipt this Period Tools of Each Receipt this Period Transaction ID: 14167416 Transaction ID: 14166378 Amount of Each Receipt this Period Tools of Each Receipt this Period Transaction ID: 14167416 Amount of Each Receipt this Period Transaction ID: 14167416	Mailing Address 3300 NW Expressway				
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FEC ID number of contributing federal political committee. Name of Employer Primary General President and Chief Operating Officer Aggregate Year-to-Date ▼	·		•		
Name of Employer Name of Employer Primary General Other (specify) State Zip Code Chickasha OK 73018-2700	•	ON	73112-4461	Amount or Each Receipt this Period	-
Name of Employer Integris Bapfist Medical Center Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ Date of Receipt Pagregate Year-to-Date ▼ Date of Receipt Date of Receipt Mailing Address 2220 West Iowa Avenue City State Zip Code Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Name of Employer Grady Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ FEO 00		C		500.00	
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Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City State Zip Code Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General President and Criter Operating Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 14167416 Amount of Each Receipt this Period Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General	Name of Employer Integris Baptist Medical				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General Date of Receipt M M / D D D / Y Y Y Y O D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Center		· · · · · · · · · · · · · · · · · · ·		
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. E Michael Nunamaker Mailing Address 2220 West Iowa Avenue City Chickasha OK 73018-2700 Name of Employer Grady Memorial Hospital Receipt For: Primary State Zip Code OK 73018-2700 Transaction ID: 14167416 Amount of Each Receipt this Period Chickasha Occupation Chief Executive Officer Aggregate Year-to-Date ▼		Aggregate	rear-to-Date V		
Mailing Address 2220 West Iowa Avenue City State Zip Code Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			500.00		
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City State Zip Code Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Primary General O 5 15 200 Transaction ID: 14167416 Amount of Each Receipt this Period C 500.6				<u> </u>	
City State Zip Code Chickasha OK 73018-2700 FEC ID number of contributing federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General State Zip Code OK 73018-2700 Amount of Each Receipt this Period Cocupation Chief Executive Officer Aggregate Year-to-Date ▼	Mailing Address 2220 West Iowa Avenue				
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federal political committee. Name of Employer Grady Memorial Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Chickasha	OK	73018-2700	Amount of Each Receipt this Period	
Name of Employer Grady Memorial Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼	FEC ID number of contributing			500.00	٦
Receipt For: Primary General Aggregate Year-to-Date ▼	federal political committee.	C		300.00	
Receipt For: Primary General Aggregate Year-to-Date ▼	Name of Employer	Occupation	 1	┪	
Primary General 500.00	Grady Memorial Hospital				
F00.00	Receipt For:			7	
Other (specify) ▼			500.00		
1	Other (specify)		300.00		
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	TOTAL This Period (last page this line number onl	lv))	<u> </u>	

SCHEDULE A (FEC Form 3X)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 72
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Howard H. Peterson			Date of Receipt
	Mailing Address 2607 S. Florence Drive			05 / 15 / 2007
	City	State	Zip Code	Transaction ID: 14167418
	Tulsa	OK	74114-5738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. John Medical Center	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
 3.	Full Name (Last, First, Middle Initial) Mr. David J. Baltzer			Date of Receipt
	Mailing Address 2320 Cutler Avenue, NE	05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14167972
	Albuquerque	NM	87106-2506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rehoboth McKinley Christi-	Occupation		
	an Hospital		ecutive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Mark R Stoddard			Date of Receipt
	Mailing Address 48 West 1500 North			05 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14167973
	Nephi	UT	84648-8900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central Valley Medical Ce- nter	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u>`</u>	
T	OTAL This Period (last page this line number or	nly))	

C		1		FOR LINE NUMBER: PAGE 22 / 72
3	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	and of a section and of the second December and Other	-1	and the state of the same and	
or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Margaret H. Jordan			Date of Receipt
	Mailing Address 3505 Turtle Creek Blvd Suite 5D	05 15 2007		
	City	State	Zip Code	Transaction ID: 14167978
	Dallas	TX	75219-6243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dallas Medical Resource	Occupation President	n t and CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Randy Revelle			Date of Receipt
	Mailing Address 2809 39th Avenue Wes	05 15 2007		
	City	State	Zip Code	Transaction ID: 14167981
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
		VVA	90119-4190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Washington State Hospital	Occupation	1	7
	Washington State Hospital Association	Vice Pres	sident, Policy & Public Affair	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	111		1
	Other (specify)	0 0	1000.00]
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Dr. Thomas C. Dolan, Ph.D., FAC			Date of Receipt
	Mailing Address 339 Cottage Hill			05 15 2007
	City	State	Zip Code	Transaction ID: 14168100
	Elmhurst	IL	60126-3332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American College of Healt- hcare Executi Receipt For:		n t and Chief Executive Office Year-to-Date ▼	<u>r</u>
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional))	2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	I y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Benjamin K. Chu, M.D. Mailing Address 393 E. Walnut Street 7th Floor City Pasadena FEC ID number of contributing federal political committee. Name of Employer Kaiser Foundation Health Plan and Hosp Receipt For: Primary General Other (specify)		Zip Code 91188-0001 n President, Southern Californ e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Michael E Henze Mailing Address 54 Hospital Drive City Osage Beach	State MO	Zip Code 65065-3050	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Lake Regional Health System Receipt For: Primary General Other (specify)		n ecutive Officer e Year-to-Date ▼	525.00
Э.	Full Name (Last, First, Middle Initial) Mr. Gary D. Duncan, CHE Mailing Address 1437 Crestwood Drive City Joplin FEC ID number of contributing federal political committee.	State MO	Zip Code 64801-1039	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 2 1 2 0 0 7 Transaction ID: 14190319 Amount of Each Receipt this Period 1000.00
	Name of Employer Freeman Health System Receipt For: Primary General Other (specify) ▼	1	n t and Chief Executive Officer e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2525.00
T	OTAL This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 24 / 72
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights Ro	oad		05 21 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14190327
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼		President, Government Relat Year-to-Date ▼ 555.60	ic
3.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Road	d		05 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 14190339		
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa-	Occupation		7
	tion		and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 444.48	
).	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt
Mailing Address 220 Windy Ridge				05 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14190348
	Hollister	MO	65672-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Skaggs Community Health Center		cutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		210.00	
s	SUBTOTAL of Receipts This Page (optional)			264.24

0	CHEDIII E A /EEC Eoum 2V)			FOR LINE NUMBER: PAGE 25 / 72
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ,	ny information copied from such Reports and St	atomonte may	, not be cold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Lawrence M Beck			Date of Receipt
	Mailing Address 5601 Loch Raven Boul	evard		05 21 2007
	City	State	Zip Code	Transaction ID: 14190579
	Baltimore	MD	21239-2995	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Good Samaritan Hospital of Maryland Receipt For:	Occupation President Aggregate		
	Primary General Other (specify) ▼		250.00]
В.	Full Name (Last, First, Middle Initial) Mr. William H Considine			Date of Receipt
	Mailing Address One Perkins Square			05 21 2007
	City	State	Zip Code	Transaction ID: 14194876
	Akron	ОН	44308-1062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Akron Children's Hospital	Occupation President	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Frank J Bartell			Date of Receipt
	Mailing Address 5901 Monclova Road			05 21 2007
	City	State	Zip Code	Transaction ID: 14194877
	Maumee	ОН	43537-1899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer St. Luke's Hospital Occupation President and Chief Executive Office			r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / /2
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12
۸r	ny information copied from such Reports and Statemen	nte may	not be cold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_				1
۸.	Full Name (Last, First, Middle Initial) Mr. Terry G Hoff			Date of Receipt
	Mailing Address P O Box 5020			M M / D D / Y Y Y Y
				05 21 2007
	•	tate	Zip Code	Transaction ID: 14200878
	Minot N	<u>ID</u>	58702-5020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		250.00
	Trinity Health	cupation		
	PIE	esident		4
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼	
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. William C. Schoenhard, FACHE			Date of Receipt
	Mailing Address 420 Fairwood Lane	05 30 7 2007		
	City	tate	Zip Code	Transaction ID: 14200989
	Kirkwood M	10	63122-4429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			1000.00
	federal political committee.	'		1000.00
	Name of Employer SSM Health Care	cupation	1	7
	SSM Health Care Exe	ec. V.F	P. & Chief Operating Officer	
		gregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
	Other (specify)	1 1	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. James I Miller			Date of Receipt
	Mailing Address 1155 Mill Street			05 30 2007
	City Si	tate	Zip Code	Transaction ID: 14200999
	Reno N	IV.	89502-1576	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	<u> </u>		300.00
	Name of Employer Renown Regional Medical	cupation	1	†
	Renown Regional Medical Center	esident	and Chief Executive Officer	
	Receipt For: Ag	gregate	Year-to-Date ▼	
	Primary General	1 1	500.00	
	Other (specify) ▼			
	_			
s	UBTOTAL of Receipts This Page (optional)		.	1750.00
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т	OTAL This Period (last page this line number only)		•	

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Llea coperate schedule(s)	FOR LINE NUMBER: PAGE 27 / 72
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ny information copied from such Reports and Sta	tements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Craig A. Becker			Date of Receipt
	Mailing Address 9616 Brunswick			05 30 7 2007
	City	State	Zip Code	Transaction ID: 14201011
	Brentwood	TN	37027-8467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Peter L Gosline			Date of Receipt
	Mailing Address 452 Old Street Road	05 30 7 2007		
	City	State	Zip Code	Transaction ID: 14201018
	Peterborough	NH	03458-1295	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Monadnock Community Hospi-	Occupation		
	tal		ecutive Officer Year-to-Date ▼	4
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Arthur W Nichols			Date of Receipt
	Mailing Address 580 Court Street			05 30 7 2007
	City	State	Zip Code	Transaction ID: 14201019
	Keene	NH	03431-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cheshire Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nlv)		
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SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 28 / 72
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸r	ny information copied from such Reports and Sta	otomonte may	y not be cold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. LaMar L Wyse			Date of Receipt
	Mailing Address 269 Portland Way Sout	05 30 7 2007		
	City	State	Zip Code	Transaction ID: 14201053
	Galion	OH	44833-2312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Galion Community Hospital		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson			Date of Receipt
	Mailing Address 2600 Navarre Avenue	05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14201054
	Oregon	OH	43616-3297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Charles Mercy Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial)			Date of Resoint
Ο.	Mr. Jonathan Archey Mailing Address 155 East Broad Street			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 14201058
	Columbus	OH	43215-3626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10210 0020	125.00
	Name of Employer Ohio Hospital Association	Occupation Manager	n , Federal Relations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			625.00

SCHEDIII E A /EEC Form 3V)				FOR LINE NUMBER: PAGE 29 / 72
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ry information copied from such Reports and Sta	tements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cherie Spragg			Date of Receipt
	Mailing Address 2324 De Russey Road	05 30 2007		
	City	State	Zip Code	Transaction ID: 14201095
	Collins	OH	44826-9722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Fisher-Titus Medical Cent- er	Occupation VP, Nurs		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
— В.	Full Name (Last, First, Middle Initial) Mr David Archer			Date of Receipt
	Mailing Address 313 North Main Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14205072
	Ashland City	TN	37015-1358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Centennial Medical Center at Ashland C	Occupation Director,	n Information Systems	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Joseph M Dawson			Date of Receipt
	Mailing Address 907 East Lamar Alexand	05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14205073
	Maryville	TN	37804-5016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Blount Memorial Hospital	Occupation Administr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2025.00

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 30 / 72
	•		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
01		name and add	iress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	American nospital Association FAC			
`	Full Name (Last, First, Middle Initial)			
Α.	Mr. William Gracey			Date of Receipt
	Mailing Address 103 Powell Court, Suite	200		05 30 2007
	City	State	Zip Code	Transaction ID: 14205074
	Brentwood	TN	37027-5079	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer LifePoint Hospitals, Inc.	Occupation	1	-
	LifePoint Hospitals, Inc.	Chief Op	erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 8900 North Kendall Driv	05 30 2007		
	City	Transaction ID: 14205075		
	Miami	State FL	Zip Code 33176-2197	Amount of Each Receipt this Period
			00170 2107	Amount of Lacri Necelpt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	,	
	Name of Employer Baptist Hospital of Miami		Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
_				
C.	Full Name (Last, First, Middle Initial) Mr. William A Kenley			Date of Receipt
	Mailing Address 100 North Crest Drive			M M / D D / Y Y Y Y Y
	City	State	Zip Code	05 30 2007
	Springfield	TN	37172-3961	Transaction ID: 14205076 Amount of Each Receipt this Period
			07172 0001	Amount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	0000000		
	Name of Employer Northcrest Medical Center	Occupation President		
	Receipt For:		Year-to-Date V	
	Primary General	00 0		1
	Other (specify)		250.00	
				1500.00
s	UBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 31 / 72			
	·		Use separate schedule(s) or each category of the	(check only one)			
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Dotailed Carrinally 1 age	13 14 15 16 17			
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph Landsman			Date of Receipt			
	Mailing Address 1520 Cherokee Trail			05 30 2007			
	City	State	Zip Code	Transaction ID: 14205077			
	Knoxville	TN	37920-2225	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer University of Tennessee	Occupation President					
	Medical Center Receipt For:		Year-to-Date ▼				
	Primary General	33 -3		1			
	Other (specify) ▼		500.00				
В.	Full Name (Last, First, Middle Initial) Mr. Robert P Main			Date of Receipt			
	Mailing Address One Siskin Plaza			05 30 YYYYY 2007			
	City	State	Zip Code	Transaction ID: 14205078			
	Chattanooga	TN	37403-1306	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Siskin Hospital for Physi-	Occupation	n t and Chief Executive Office				
	cal Rehabilit Receipt For:		Year-to-Date V	<u>'</u>			
	Primary General	Aggregate	r rear-to-bate ¥	1			
	Other (specify)		1000.00				
	Eull Name (Leet First Middle Initial)			1			
C.	Full Name (Last, First, Middle Initial) Mr. Norman Majors Mailing Address 1520 Cherokee Trail			Date of Receipt			
	Suite 200			05 30 2007			
	City	State	Zip Code	Transaction ID: 14205079			
	Knoxville	TN	37920-2225	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer University of Tennessee Medical Center	Occupation Senior Vi	n ce President				
	Receipt For:		Year-to-Date ▼				
	Primary General	33 - 3 - 10		1			
	Other (specify) ▼		250.00				
	<u> </u>			4			
s	SUBTOTAL of Receipts This Page (optional)						
\vdash	. 3 (17		'	_			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 72
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Janice M. McKinley, RN, FACHE			Date of Receipt
	Mailing Address 939 Vista Oaks Lane			05 30 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14205080
	Knoxville	TN	37919-4445	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Parkwest Medical Center	Occupation Vice Pres	n sident & Chief Nursing Office	er
	Receipt For:		Year-to-Date ▼	<u></u>
	Primary General	33 -3		1
	Other (specify) ▼		325.00	
В.	Full Name (Last, First, Middle Initial) Mr. Monty McLaurin			Date of Receipt
	Mailing Address 2000 Brookside Drive			M M / D D / Y Y Y Y
				05 30 2007
	City	State	Zip Code	Transaction ID: 14205081
	Kingsport	TN	37660-4682	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			555.55
	Name of Employer	Occupation	1	_
	Indian Path Medical Center	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Robert Otwell Mailing Address 1224 Trotwood Avenue			Date of Receipt
	Mailing Address 1224 Trotwood Avenue			05 30 2007
	City	State	Zip Code	Transaction ID: 14205082
	Columbia	TN	38401-4802	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Maury Regional Hospital	Occupation	n ecutive Officer	
	Receipt For:		Year-to-Date V	+
	Primary General	99. 09410	1 1 1 1 1 1 1 1	1
	Other (specify)		250.00	
				1
s	UBTOTAL of Receipts This Page (optional)		.	1000.00
\vdash	. 3 (1)			-

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 72
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any or fo	information copied from such Reports and Stater commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ \	IAME OF COMMITTEE (In Full)			
<i>\</i>	American Hospital Association PAC			
	ull Name (Last, First, Middle Initial) ⁄ir. Byron Quinton			Date of Receipt
N	Mailing Address P O Box 580			05 30 7 2007
	City	State	Zip Code	Transaction ID: 14205083
7	Vaynesboro	TN	38485-0580	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
<u> </u>	lame of Employer Vayne Medical Center	Occupation Administr		
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Steven Ross			Date of Receipt
N	Mailing Address 1924 Alcoa Highway, Bo	05 30 7 2007		
	City	State	Zip Code	Transaction ID: 14205084
	Knoxville	TN	37920-1511	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
	lame of Employer Jniversity of Tennessee	Occupation		
1	Medical Center		ecutive Director, Clinical Ser	_
	Receipt For: Primary General	Aggregate	rear-to-Date V	
	Other (specify) ▼		250.00	
_	ull Name (Last, First, Middle Initial) As. Lisa Smithgall	_		Date of Receipt
N	Mailing Address 400 North State of Frank	lin Road		05 30 7 2007
	City	State	Zip Code	Transaction ID: 14205085
_	Johnson City	TN	37604-6035	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
7	lame of Employer Nountain States Health Al-	7		
<u>l</u> i	ance	Vice Pres		
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00
TO	TAI This Period (last nage this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 72
	EMIZED RECEIPTS	or each category of the Detailed Summary Page		(check only one)
"	EINIZED RECEIP 13			X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia			Date of Receipt
	Mailing Address 100 Fort Sanders West	05 30 7 2007		
	City	State	Zip Code	Transaction ID: 14205086
	Knoxville	TN	37922-3353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Covenant Health	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	1000.00	
	Other (specify) 🔻	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut			Date of Receipt
	Mailing Address 1080 Cedar Drive Cedar Lake Estates	05 30 7 2007		
	City	State	Zip Code	Transaction ID: 14205087
	Camden	TN	38320-6033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Baptist Memorial Hospital-	Occupation	n	
	Baptist Memorial Hospital- Huntingdon	Vice Cha	uir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	F00.00	1
	Other (specify) 🔻	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave			Date of Receipt
	Mailing Address 1208 Brookview Drive	05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14205088
	Brentwood	TN	37027-8424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation Sr. Vice	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1000.00	1
	Other (specify)		1000.00	
				2000.00
S	UBTOTAL of Receipts This Page (optional)		·····	2000.00

S	CHEDULE A (FEC Form 3X)		l la a anavata a abadula(a)	FOR LINE NUMBER: PAGE 35 / 72
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht			Date of Receipt
	Mailing Address 701 N State of Franklin,			05 7 2007
	City	State	Zip Code	Transaction ID: 14205089
	Johnson City	TN	37604-3645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mountain States Health Al- liance	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼			
3.	Full Name (Last, First, Middle Initial) Ms. Ellen Wilhoit			Date of Receipt
	Mailing Address P O Box 8005			05 / 30 / 2007
	City	State	Zip Code	Transaction ID: 14205090
	Sevierville	TN	37864-8005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Fort Sanders-Sevier Medic- al Center	Occupation President	n t and Chief Administrative O	ff
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Dr. Carol Reineck, Ph.D., CCR			Date of Receipt
	Mailing Address 15111 Oak Loft			05 7 31 7 2007
	City	State	Zip Code	Transaction ID: 14206130
	San Antonio	TX	78232-4617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	ı	7
	University of Texas Health Science Cen	1	Professor in Acute Nursing	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0		
S	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number or	าly))	

SCHEDULE A (FEC Form 3X)

PAGE 36 / 72 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Bruce King Mailing Address 273 County Road 05 2007 3 1 Zip Code City State Transaction ID: 14207305 New London NH 03257-5736 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer New London Hospital Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael B Green Date of Receipt Mailing Address 250 Pleasant Street 0 5 31 2007 City Zip Code State Transaction ID: 14207306 Concord NH 03301-2598 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Concord Hospital Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Ms. Claire L Bowen Date of Receipt Mailing Address 243 Elm Street 2007 05 3 1 Citv State Zip Code Transaction ID: 14207307 Claremont NH 03743-2099 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Valley Regional Hospital Occupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 72		
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X	17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	n for the purpose of soliciting contributions	
0.	NAME OF COMMITTEE (In Full)	TIATTIC ATTA ACC	areas or any political committee to	Solicit Contributions from Such Committee.	_
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. David W Tower			Date of Receipt	
	Mailing Address P O Box 912			0 5 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14207308	
	Wolfeboro	NH	03894-0912	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Huggins Hospital	Occupation Presiden]	
	Receipt For:		e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Harry G Dorman			Date of Receipt	
	Mailing Address 125 Mascoma Street			05 31 2007	
	City	State	Zip Code	Transaction ID: 14207309	
	Lebanon	NH	03766-2647	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Alice Peck Day Memorial	Occupation	n		
	Hospital	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	250.00		
	Other (specify) ▼	0 0			
C.	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt	
	Mailing Address 506 A East Howell Ave	nue		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR1034595119009	
	Alexandria	VA	22301	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		40.03	1
	federal political committee.				_
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt Receipt For:		e Director e Year-to-Date ▼	_	
	Primary General	Aggregate	e real-lo-Dale 🔻	D/D D - du - di (\$00.00 B)	
	Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)			540.03]
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T	OTAL This Period (last page this line number of	only)	>		ш

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 72
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Any information copied from such Reports and St.	atements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
/ / imenean ricepital / tecesialien r / te			
Full Name (Last, First, Middle Initial)			
A. Ms. Melinda Reid Hatton			Date of Receipt
Mailing Address 325 Seventh Street, NV	V		M M / D D / Y Y Y Y
Suite 700	•		
City	State	Zip Code	Transaction ID: PR1045726219009
Washington	DC	20004-2818	Amount of Each Receipt this Period
	50	2000 1 2010	Amount of Each receipt this i choo
FEC ID number of contributing federal political committee.	C		100.00
rederal political committee.			
Name of Employer American Hospital Associa-	Occupatio	n	7
American Hospital Associa- tion-Washingt		ief Washington Counsel	
Receipt For:		e Year-to-Date ▼	-
Primary General	, iggi ogaic	7 Toda to Bato V	D/D D -1 -1' (450 00 D'
Other (specify)		250.00	P/R Deduction (\$50.00 Bi- Weekly)
Other (specify)	1 1		1 Tookiy)
Full Name (Last First Middle Initial)			
Full Name (Last, First, Middle Initial) 3. Ms. Sohini Jindal			Date of Receipt
	\1		-
Mailing Address 325 Seventh Street, NV	V		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1125613619009
•	DC	•	
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing	C		40.00
federal political committee.	9		
Name of Employer	Occupatio	n	┪
Name of Employer American Hospital Associa-		ssociate Director	
tion-Washingt Receipt For:		e Year-to-Date ▼	-
Primary General	Aggregate	Teal to Date V	D/D D 1 1 (doc co D)
Other (specify)	' '	220.00	P/R Deduction (\$20.00 Bi- Weekly)
Other (specify)		0 0 0 0 0 0 0	VVCCRY)
Full Name (Leet First Middle Initial)			
Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
Walling Address Offe North Franklin			
City	State	Zip Code	Transaction ID: PR1339349919009
Chicago	IL	60606-3436	Amount of Each Receipt this Period
•		00000 3430	Amount of Each Necelpt this Feriod
FEC ID number of contributing federal political committee.	C		120.00
rederal political committee.			
Name of Employer American Hospital Associa-	Occupatio	n	7
American Hospital Associa- tion	Account	Executive	
Receipt For:		e Year-to-Date ▼	-
Primary General	1.99.194		P/P Doduction (\$60.00 Pi
Other (specify)		600.00	P/R Deduction (\$60.00 Bi- Weekly)
		1 1 1 1 1 1 1	·
SUBTOTAL of Receipts This Page (optional)			260.00
		······································	
TOTAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 72
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements ma	v not be sold or used by any perso	
or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Linda Fishman			Date of Receipt
Mailing Address 325 Seventh Street, N	IW		M M / D D / Y Y Y Y
Suite 700	Ctata	7in Onda	
City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327629119009
	DC	20004-2010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer American Hospital Associa-	Occupatio	n	7
tion-Washingt .		sident Federal Relations	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		405.00	P/R Deduction (\$45.00 Bi- Weekly)
Full Name // act First Middle Initial			
Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
Mailing Address 107 East Lane			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR327727319009
Lake Barrington	<u> </u>	60010-1939	Amount of Each Receipt this Period
FEC ID number of contributing	С		100.00
federal political committee.			
Name of Employer American Hospital Associa-	Occupatio		
tion-Chicago		sident, PMGs	-
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$50.00 Bi-
Other (specify) ▼		250.00	Weekly)
Full Name (Last, First, Middle Initial)			
Ms. Deborah F. Weiner			Date of Receipt
Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327745919009
Rockville	MD	20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupatio	in	
Name of Employer American Hospital Associa-	1	Grassroots Advocacy	
tion-Washingt Receipt For:		e Year-to-Date ▼	1
Primary General		250.00	P/R Deduction (\$50.00 Bi-
Other (specify) ▼		250.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			290.00
		•	
TOTAL This Period (last page this line number	r only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 72
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and St	atemente may	unot be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M • M / D • D / Y • Y • Y
	City	State	Zip Code	Transaction ID: PR327812019009
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Organization of Nurse Executi	Occupation Executive		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	615.00	P/R Deduction (\$40.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858019009
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Director, AHAPAC	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877819009
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		86.98
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	7
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		347.92	P/R Deduction (\$43.49 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			246.98
H	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 72
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	.,			13 14 15 16 17
or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persoldress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 1610 Tahiti Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328006019009
	Gulf Breeze	<u>FL</u>	32563-4937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation	n enter for Healthcare Governa	nde
	tion-Chicago Receipt For:	-	e Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		250.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NW	I		M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328132819009
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		405.00	P/R Deduction (\$45.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136919009
	La Grange	<u> </u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago	Sr. Vice I	President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	P/R Deduction (\$50.00 Bi-
	Other (specify) 🔻			Weekly)
s	UBTOTAL of Receipts This Page (optional)			290.00
_	OTAL This Period (last page this line number o	nlv)	•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/72
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	is may nd add	hot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
_	Full Name (Last, First, Middle Initial)			
A.	Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	Oth.		7:- 0 - 4-	
	City Sta Silver Spring ME		Zip Code	Transaction ID: PR328224919009
			20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	rederal political committee.			
	Name of Employer American Hospital Associa-	upatio	1	
	tion-Washingt Sr. V		President	
		regate	e Year-to-Date ▼	
	Primary General	U	250.00	P/R Deduction (\$50.00 Bi- Weekly)
	Other (specify) ▼	0		Weekly)
	Full Name (Last, First, Middle Initial)			
В.	Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	ate	Zip Code	Transaction ID: PR328241419009
	<u>Eagle</u> ID		83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			55.56
	federal political committee.			
	Name of Employer American Hospital Associa-	upatio	1	7
	American Hospital Associa- tion-Chicago Reg		Executive	
		regate	e Year-to-Date ▼	
	Primary General		205 50	P/R Deduction (\$27.78 Bi-
	Other (specify)	0	305.58	Weekly)
_	E III			
C	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
٥.	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City Sta	ate	Zip Code	Transaction ID: PR328260919009
	<u>Washington</u> DC)	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			80.00
	federal political committee.			00.00
	Name of Employer Occi	upatio	 1	┪
	American Hospital Associa-		Vice President	
		regate	e Year-to-Date ▼	7
	Primary General		440.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		440.00	Weekly)
_				
				235.56
S	UBTOTAL of Receipts This Page (optional)		······································	233.30
T	OTAL This Period (last page this line number only)		>	

				FOR LINE NUMBER: BACE 40 / 70
SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 72
T	EMIZED RECEIPTS		or each category of the	(check only one)
• • •	LIVIIZED ITEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
>	American Hospital Association PAC			
/	•			
	Full Name (Last, First, Middle Initial)			
_	Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310419009
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
				Tallount of Later Hoosept and Ferror
	FEC ID number of contributing federal political committee.	C		100.00
	rederal political confinitiee.			
	Name of Employer	Occupation	n	7
	Name of Employer American Hospital Associa-		President, Communications	
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General	7 1991 09410	Tour to Buto V	D/D D - 1 - 1' (050 00 D'
	Other (specify)		250.00	P/R Deduction (\$50.00 Bi- Weekly)
	Cirici (Specify)	1 1		1 Victoriay)
	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	•			<u> </u>
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
		01-1-	7:- 0-4-	PD000040740000
	City	State	Zip Code	Transaction ID: PR328312719009
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			100.00
	Name of Familiary	0	_	4
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	P/R Deduction (\$50.00 Bi-
	Other (specify)		230.00	Weekly)
_	Full Name (Last, First, Middle Initial)			
Э.	Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328341819009
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			80.00
	federal political committee.	C		80.00
				_
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		440.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		440.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional))	280.00
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
T	OTAL This Period (last page this line number or	nly)	>	

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 72
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
٩.	Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511819009
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		95.20
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Chicago	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		523.60	P/R Deduction (\$47.60 Bi-
	Other (specify)		323.00	Weekly)
_	Full Name (Last, First, Middle Initial)			5. (5.)
3 .	Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512019009
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing			10.00
	federal political committee.	C		40.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer American Hospital Associa-		sident, Media Relations	
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$20.00 Bi-
	Other (specify) 🔻		220.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	d South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215719009
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer	Occupation		7
	American Hospital Associa- tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0		Weekly)
				235.20
S	UBTOTAL of Receipts This Page (optional)		······	233.20
T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 72
	EMIZED RECEIPTS		or each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle Wes			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475419009
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		440.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		0 0 0 0 0 0 0	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549219009
	Chicago	IL	COCOC 040C	American of Early Descript this Deviced
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60606-3436	40.00
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Associa-	C		
	FEC ID number of contributing federal political committee.	Occupation Vice Pres	1	
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Vice Pres	n sident, Member Relations	
_	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Vice Pres	n sident, Member Relations • Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter	Occupation Vice Pres Aggregate	n sident, Member Relations • Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV	Occupation Vice Pres Aggregate	n sident, Member Relations • Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter	Occupation Vice Pres Aggregate	n sident, Member Relations • Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700	Occupation Vice Pres Aggregate	n sident, Member Relations e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City	Occupation Vice Pres Aggregate	n sident, Member Relations versions ve	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID: PR330776119009
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	Occupation V State DC C Occupation V.P., Adv	Tip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330776119009 Amount of Each Receipt this Period 43.48
C.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For:	Occupation V State DC C Occupation V.P., Adv	n sident, Member Relations Prear-to-Date ▼ 220.00 Zip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330776119009 Amount of Each Receipt this Period 43.48
c .	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	Occupation V State DC C Occupation V.P., Adv	Tip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR330776119009 Amount of Each Receipt this Period 43.48
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) General Other (specify)	Occupation V State DC C Occupation V.P., Adv Aggregate	Zip Code 20004-2818 239.14	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776119009 Amount of Each Receipt this Period 43.48 cations P/R Deduction (\$21.74 Bi-
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General	Occupation V State DC C Occupation V.P., Adv Aggregate	Zip Code 20004-2818 239.14	P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID: PR330776119009 Amount of Each Receipt this Period 43.48 Cations P/R Deduction (\$21.74 Bi-Weekly)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 72
TEMIZED RECEIPTS			or each category of the	(check only one)
• •	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and the second December and Obs			13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304219009
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director	n Advocacy and Public Policy	00
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	211.62	P/R Deduction (\$19.24 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR331416019009
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	657.69	P/R Deduction (\$60.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533219009
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Washingt		sident, Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			238.48
			•	
T	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Other (specify)

PAGE 47/72 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR517619719009 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 78.40 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Director Executive Branch Relat Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$39.20 Bi-412.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) B. Ms. Ashley B. Thompson Date of Receipt Mailing Address 606 South Royal Street City State Zip Code Transaction ID: PR766023719009 22314-4142 Alexandria V٨ Amount of Each Receipt this Period FEC ID number of contributing C 38.48 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Associate Director, Policy Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.24 Bi-211.62 Weekly)

SUBTOTAL of Receipts This Page (optional)	<u> </u>	116.88
TOTAL This Period (last page this line number only)	•	41480.85

FOR LINE NUMBER: PAGE 48/72 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) OhioHealth Star PAC Date of Receipt Mailing Address 1087 Dennison Avenue 0 5 14 2007 City Zip Code State Transaction ID: 14161948 Columbus OH 43201 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 C C00210617 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line number only)	•	1250.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 72 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and State for for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20005	Transaction ID: 14245106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	341.10
Name of Employer Receipt For: Primary Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1726.45	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	341.10
TOTAL This Period (last page this line number only)	•	341.10

S	CHEDULE B (FEC Form 3X)	llee een	erate schedule(s)		FOI	R LINE	NUMBE	R:			PAG	E 50 /	72
IT	EMIZED DISBURSEMENTS	for each	category of the '	'	ì	ck only	<u> </u>		۱			٦	
		Detailed	Summary Page			21b 27	22 28a	H	23 28b	Н	24 28c	25 29	26 30t
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nar	ne and addre	ess of any politica	l con	nmitte	e to so	licit conti	ribut	ions fr	om s	such cor	nmittee)
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American Hospital Association 1 Ac												
Α.	Full Name (Last, First, Middle Initial)										245110)	
Α.	Merchant Bankcard							-	isburs		nt	Y Y	Y
	Mailing Address 1601 Elm Street						0 5		(0 3	Ĺ	žoŏ	7
	City	State	Zip Code				Amou	ınt o	f Each	า Dis	bursem	ent this	Period
	Dallas Dishura and the Control of Dishura and th	TX	75201								•	81	.26
	Purpose of Disbursement Merchant Service Fee				001			-				01	.20
	Candidate Name			С	atego								
	Office Occupies Theorem 1				Туре								
	Office Sought: House Disburs Senate	sement For: Primary	General				Merch	nan	t Serv	∕ice	Fee		
	President	Other (spe											
	State: District:												
В.	Full Name (Last, First, Middle Initial) Merchant Bankcard										245346	3	
	Merchant Bankcard							of D	isburs	eme	nt / Y	YY	Y
	Mailing Address 1601 Elm Street						0 5			0 4	Ĺ	žoŏ	7
	City Dallas	State TX	Zip Code 75201				Amou	ınt o	f Each	า Dis	bursem	ent this	Period
	Purpose of Disbursement		70201			$\overline{}$						302	.57
	Mercant Service Fee Candidate Name				001 atego	ny/							
	Caradac Hamo				Type	•							
		sement For:					Merca	ant	Servi	ce F	ee		
	Senate President	Other (spe	General										
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_	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID	: 14:	245347	7	
C.	American Express							_	isburs		nt		
	Mailing Address Ste. 001						0 ^M 5	М	/ D	o 7	/ Y	žoŏ	7 ^Y
	City	State	Zip Code				Amou	ınt o	f Each	ı Dis	bursem	ent this	Period
	Chicago Purpose of Disbursement	IL	60679							-		103	.55
	Merchant Service Fee				001			-	0				
	Candidate Name			С	atego Type								
	Office Sought: House Disburs	sement For:					Merch	าวท	t San	vice	Foo		
	Senate	Primary	General				Merci	IaII	COEIV	/ICE	1 66		
	President State: District:	Other (spe	ecity) 🔻										
Г	oldio.							_					
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>	L.					487	.38
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5	CHEDULE B (FEC Form 3X)	Use seperate	schedule(s)		NUMBER:	PAGE	51 / 72	
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the	(check only 21b 27	22 23	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name	•				•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
	Full Name (Last, First, Middle Initial)				Transaction ID: 142	245349		
۹.	Citibank, F.S.B.				Date of Disbursemen	nt		
	Mailing Address 1400 G Street, NW				05 18	/ Y 2	0 0 7 °	
	City Washington		Code 0005		Amount of Each Disk	oursemen	t this Per	riod
	Purpose of Disbursement Bank Fee			001			60.90	
	Candidate Name		"	Category/ Type				
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General		Bank Fee			
	State: District:		•					

SUBTOTAL of Disbursements This Page (optional)	•	60.90
TOTAL This Period (last page this line number only)	•	548.28

	SILEBOLE B (I LOI OIIII 3X)	Use seperate schedule(s)		-OR LINE check on	: NUMBE lv one)	:H:			PAGE	= 52/	/2
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and State											ns
or	for commercial purposes, other than using the nar	ne and address of any politica	ı com	ım	ittee to so	DIICIT CONTI	ributi	ons tro	om su	cn com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
K	American riospital Association r Ao											
Α.	Full Name (Last, First, Middle Initial)							-		46768		
Α.	Pallone For Congress						of Di	sburse			V . V	V
	Mailing Address PO Box 3176					0 5	/	0	1 1		žoŏ	7 '
	City	State Zip Code				Amou	ınt of	Each	Disbu	urseme	nt this	Period
	Long Branch	NJ 07740					-				2000.	00
	Purpose of Disbursement Contribution			Ô	11		-			-	2000.	00
	Candidate Name		-		egory/							
	Rep. Frank Pallone, Jr.			Ty	/ре							
	X	sement For: 2008 C Primary General				Contr	ibuti	ion				
	President	Other (specify)										
	State: NJ District: 6											
В.	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	1414	46740		
D.	Searchlight Leadership Fund						_	sburse			.,, .	
	Mailing Address 818 Connecticut Avenue Suite 1100	e, NW				0 ^M 5	M /	0	1 /		ž 0 ŏ	7
	City	State Zip Code				Amou	ınt of	Each	Disbu	urseme	nt this	Period
	Washington Purpose of Disbursement	DC 20009	_	_		+		-			5000.	00
	2007 Contribution			0	11		-			-		
	Candidate Name				egory/ /pe							
	°	sement For:				2007	Con	ıtribut	tion			
	Senate President	Primary General Other (specify)										
	State: District:	_ c.i.e. (epoci.j) •										
_	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 1414	46759		
C.	John Lewis For Congress							sburse				_
	Mailing Address 2015 Wallace Rd.					0 ^M 5	M /	0	1 /	2	ž 0 Ď	7 ^Y
	City Atlanta	State Zip Code GA 30331				Amou	int of	Each	Disbu	urseme	nt this	Period
	Purpose of Disbursement Contribution			0	11						2000.	00
	Candidate Name Rep. John Lewis				egory/							
		sement For: 2008	<u> </u>	1)	/pe	-						
		C Primary General				Contr	ibut	ion				
	President	Other (specify) ▼										
_	State: GA District: 5											
s	UBTOTAL of Disbursements This Page (optional))			. •					(9000.	00
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan									
 NAME OF COMMITTEE (In Full) 	e and address of any political c	COMMI	ilee to s	Olicit Coriti	ibulions	rom such	COMMIN	llee	
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Kind For Congress Committee				Date	of Disbur				
Mailing Address 205 South 5th Ave Suite 428				0 ^M 5	M / D	01 /	ž) Ď 7	
City La Crosse	State Zip Code WI 54601			Amou	int of Eac	h Disburs	-		-
Purpose of Disbursement Contribution		01					10	00.00)
Candidate Name Rep. Ron Kind		Cate Typ							
X	ement For: 2008 Primary General Other (specify)			Contr	ibution				
Full Name (Last, First, Middle Initial)				Trans	action II	D : 14146	760		
Jim Gerlach For Congress Committee				Date	of Disbur	sement P /) Ď 7 `	7
Mailing Address PO Box 87				0.5		01			
City Uwchland	State Zip Code PA 19480			Amou	int of Eac	h Disburs			-
Purpose of Disbursement Contribution		01		L.			10	00.00)
Candidate Name Rep. James W. Gerlach		Cate Typ							
X X	ement For: 2008 Primary General Other (specify)			Contr	ibution				
Full Name (Last, First, Middle Initial)				Trans	action II) : 14146	753		
21st Century PAC				Date	of Disbur	sement			_
Mailing Address 1155 21st Street NW				0 ^M 5	M / D	0 1	Ý Ž() Ď 7	
City Washington	State Zip Code DC 20036			Amou	int of Eac	h Disburs	-		-
Purpose of Disbursement 2007 Contribution		01	1] L.			25	500.00	0
Candidate Name		Cate Typ							
Office Sought: Senate President State: Disburs Senate President	ement For: Primary General Other (specify)			2007	Contrib	ution			
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				45	00.00)
TOTAL This Period (last page this line number only)								

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	y Information copied from such Reports and State												ns
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$ \rangle$	NAME OF COMMITTEE (In Full)												
V	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 141	46756		
Α.	RED PAC							_	sburs			V V	V
	Mailing Address 437-B New Jersey Ave.,	SE					0 5	М	ر ا ا	1	/ Y	ž 0 ŏ	7 1
	City	State Zip Code					Amou	int o	f Each	Disk	ourseme	nt this	Period
	Washington	DC 20003								-		1000.	00
	Purpose of Disbursement 2007 Contribution			٥	11	7	_	-		-		1000.	.00
	Candidate Name		_		egory/	-							
					уре								
		ement For:					2007	Cor	ntribu	tion			
	Senate President	Primary General Other (specify)											
	State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	eacti	on ID	 • 1 <u>4</u> 1	46745		
В.	COLE PAC								sburs				
	Mailing Address 12176 Chancery Station	Circle					0 ^M 5	М	/ D) 1	/ Y	ž 0 ŏ	7 ^Y
	12176 Chancery Station	Officie					4						
	City Reston	State Zip Code VA 20190					Amou	int o	f Each	Dist	ourseme	ent this	Period
	Purpose of Disbursement	VA 20190										1000.	00
	2007 Contribution			0	11				-			-	
	Candidate Name				egory/								
	Office Sought: House Disburs	sement For:		1)	ype								
	Office Sought: House Disburs Senate	Primary General					2007	Cor	ntribu	tion			
	President	Other (specify)											
	State: District:												
C.	Full Name (Last, First, Middle Initial) Klein For Congress										46766		
•	Neili Foi Congress							м П	sburs	emer		YY	Υ
	Mailing Address 21301 Powerline Road S	Suite 204					0 5			1		žoŏ	7
	City Boca Raton	State Zip Code FL 33433					Amou	int o	f Each	Disk	ourseme	ent this	Period
	Purpose of Disbursement Contribution			0	11	7						1000.	00
	Candidate Name		Ca	ate	egory/	-							
	Mr. Ron Klein			T	ype								
		sement For: 2008 C Primary General					Contr	ibut	ion				
	President	Other (specify)											
	State: FL District: 22												
٩	UBTOTAL of Disbursements This Page (optional)					>		_				3000.	00
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Т	OTAL This Period (last page this line number only	')				•	L.						

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30
	Information copied from such Reports and Stator commercial purposes, other than using the na			
_	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 14147665
Α.	Friends Of Bennie Thompson			Date of Disbursement
	Mailing Address P.O. Box 100			05 10 7 2007
	City Bolton	State Zip Code MS 39041		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	1000.00
	Candidate Name		011 Category/	
	Rep. Bennie G. Thompson		Туре	
	Office Sought: X House Disbu	xsement For: 2008 X Primary General Other (specify)		Contribution
	State: MS District: 2			
_	Full Name (Last, First, Middle Initial) Stupak For Congress			Transaction ID: 14147654 Date of Disbursement
	Mailing Address 817 Ninth Avenue PO Box 143			05
	City Menominee	State Zip Code MI 49858		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	2000.00
	Candidate Name Rep. Bart Stupak		Category/ Type	
	Senate President	sement For: 2008 X Primary General Other (specify) ▼		Contribution
	State: MI District: 1 Full Name (Last, First, Middle Initial)			
_	AMERIPAC: The Fund for a Greater Am	erica		Transaction ID: 14147650 Date of Disbursement
	Mailing Address 1341 G Street, NW Suite 200			05 05 7 10 7 2007
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 Contribution		011	2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	rsement For: Primary General Other (specify)	•	2007 Contribution
	Ciaco. District.			
SI	JBTOTAL of Disbursements This Page (optional	l))	5500.00

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11	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	ŕ	22 28a	Х	23 28		24	4 Bc	25 29	\vdash	6 0k
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam														ns	
\setminus	NAME OF COMMITTEE (In Full)															_
	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee							Trans Date					7674			
	Mailing Address P.O. Box 8331							0 ^M 5	М	′	^D 1	0 /	Y	ž 0 ŏ	7 ^Y	
	City Fremont	State CA	Zip Code 94537					Amou	unt c	of Ea	ach [Disbu	rseme	nt this	Period	_
	Purpose of Disbursement Contribution			Г	0	11.	1	L.		_				2000.	00	
	Candidate Name Rep. Fortney Peter Stark					egory/ /pe										
	Senate X President	ement For: Primary Other (spe	2008 General					Conti	ribu	tior	1					
— В.	State: CA District: 13 Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Comi	mittee											7682			_
	Mailing Address PO Box 1631							Date 0 ^M 5	М	/		D /	Υ	žoŏ	7 ^Y	
	City Baltimore	State MD	Zip Code 21203					Amou	unt c	of Ea	ach [Disbu	rseme	nt this	Period	_
	Purpose of Disbursement Contribution				0	11		L.		-			•	500.	00	
	Candidate Name Rep. Elijah E. Cummings					egory/ vpe										
	· —	ement For: Primary Other (spe	2008 General					Conti	ribu	tior	ו					
	State: MD District: 7															
C.	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin							Date	of D		ursei	ment	7677			
	Mailing Address 10 G Street Ne, Suite 47	0						0 ^M 5	М		1	0 /	Y	žoŏ	7	
	City Washington	State DC	Zip Code 20002					Amou	unt c	of Ea	ach [Disbu	rseme	nt this		7
	Purpose of Disbursement Contribution				_	11		L	•					1000.	00	_
	Candidate Name Sen. Carl Levin					egory/ /pe										
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24 28c	25 29	26 30b
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or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	le and address of any political co	minilitiee to so	IICIL CONTRIDU	IONS ITOM SI	uch comi	muee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transact	ion ID: 141	47669		
LoBiondo For Congress				isbursemen	-	, · · · ·	v .
Mailing Address PO Box 775			05	1 0 D		0 0 7	
City Marmora	State Zip Code NJ 08223		Amount o	of Each Disb	ursemen	t this Pe	eriod
Purpose of Disbursement	110 00223				1	0.000	0
Contribution		011					
Candidate Name Rep. Frank A. LoBiondo		Category/ Type					
Senate President	ement For: 2008 Primary General Other (specify)		Contribu	tion			
State: NJ District: 2 Full Name (Last, First, Middle Initial)					.=		
Friends Of Tim Johnson			Date of D	ion ID: 141	it		
Mailing Address PO Box 17097			05	10	Ž	0 Ď 7	Y
City Urbana	State Zip Code IL 61803		Amount o	of Each Disb	oursemen	t this Pe	eriod
Purpose of Disbursement Contribution		011	L			1000.0	0
Candidate Name Rep. Timothy V. Johnson	C	Category/ Type					
X X	ement For: 2008 Primary General Other (specify)		Contribu	tion			
Full Name (Last, First, Middle Initial)			T	ion ID: 141	47000		
Committee To Elect Gary Ackerman				isbursemen	ıt	, , ,	v
Mailing Address 100 Jericho Quadrangle Suite 233			0 5	1 0 D	2	0 0 7	
City Jericho	State Zip Code NY 11753		Amount o	of Each Disb			-
Purpose of Disbursement Contribution		011				1000.0	0
Candidate Name Rep. Gary L. Ackerman		Category/ Type					
Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	.,,,,,	Contribu	tion			
SUBTOTAL of Disbursements This Page (optional)					3	0.00	0
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Any Information copied from such Reports and State										5	
or for commercial purposes, other than using the nan	ne and address of any political co	mmitt	ee to s	olicit cont	ributi	ons fro	m such	comn	nittee		
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	141476	 379			
Candice Miller For Congress				Date	_	sburse				1/	
Mailing Address PO Box 182152				0 5	М	1	0 /	Ź	0 0 7	Y	
City	State Zip Code			Amou	unt of	Each	Disburse	men	t this P	erio	t
Shelby Township	MI 48318			-					500.0	00	٦
Purpose of Disbursement Contribution		011	i		0	-	-	_	000.0		_
Candidate Name		Categ									
Rep. Candice S. Miller		Тур	е								
	ement For: 2008 Primary General			Conti	ribut	ion					
President	Other (specify)										
State: MI District: 10											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	141476	557			
Price For Congress						sburse					
Mailing Address P.O. Box 425				0 ^M 5	М	1	0 /	´ ž	0 0 7	Y	
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Roswell Purpose of Dishuranment	GA 30077							1	000.0	00	٦
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Candidate Name		Categ									
Rep. Thomas E. Price, M.D.		Тур	е								
	ement For: 2008 Primary General			Conti	ribut	ion					
President	Other (specify)										
State: GA District: 6											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	141476	349			
Continuing a Majority Party Action Comm	ittee			Date		sburse					
Mailing Address 5915 Eastman Avenue				0 5	М	1	0 /	Ž	0 0 7	Y	
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Midland Purpose of Disbursement	MI 48640			-				2	2000.0	00	\neg
2007 Contribution		011	ı, l								
Candidate Name		Catego Typo	-								
	ement For:			2007	Cor	ntribut	ion				
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	141476	48			_
Green Mountain PAC				D		Disburse					
Mailing Address PO Box 1142) 5 ^M	/ 1	0 /	ž	0 ŏ 7	Y	
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Montpelier Purpose of Disbursement	VT 05601			- [1	000.0	00	٦
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	ement For:			20	07 Cc	ontribut	ion				
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3. Citizens For Altmire						Disburse	_	000			
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Mailing Address PO Box 1776					, 3	<u> </u>			007		
City Freedom	State Zip Code PA 15042			Aı	nount	of Each	Disburse	emen	t this P	erioc	1
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Mr. Jason Altmire		Ty	/pe								
9 1	ement For: 2008			Co	ntribu	ution					
Senate X	Primary General Other (specify) ▼										
State: PA District: 4	Other (specify)										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	141729	54			
Stupak For Congress						Disburse					
Mailing Address 817 Ninth Avenue) 5 M	/ D	5 /	ÝŽ	0 ŏ 7	Υ	
PO Box 143					, ,				00.		
City Menominee	State Zip Code MI 49858			Aı	nount	of Each	Disburse	emen	t this P	erioc	Ī
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Rep. Bart Stupak		Ту	/pe	4							
	ement For: 2008 Primary General			Co	ntribu	ution					
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)						: 141729	956			_
Stupak For Congress					Disburs		v v		V	
Mailing Address 817 Ninth Avenue PO Box 143				0 ^M 5 M] 1	5 /	2	0 ŏ 7		
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Rep. Bart Stupak	'	Category, Type								
Office Sought: X House Disburs Senate President State: MI District: 1	ement For: 2008 Primary X General Other (specify)			Contrib	oution					
Full Name (Last, First, Middle Initial)				Tranca	otion ID:	: 141729	045			_
3. Heather Wilson For Congress					Disburs	ement	743			
Mailing Address P.O. Box 14070				0 ^M 5 M	/ D	5 /	ž	0 ŏ 7	Y	
City Albuquerque	State Zip Code NM 87191			Amoun	t of Each	Disburs				_
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Candidate Name Rep. Heather A. Wilson		Category Type								
9 1	ement For: 2008 Primary General Other (specify)			Contrib	oution					
Full Name (Last, First, Middle Initial) Citizens For Rush					ction ID:	: 141729	940			-
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Mailing Address P. O. Box 7292				0 5						
City Chicago	State Zip Code IL 60680			Amoun	t of Each	Disburse	ement	this P	eriod	
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Candidate Name Rep. Bobby L. Rush	-	Category, Type								
Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	Турс		Contrib	oution					
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)						ID: 1417	2958		
Pete Sessions For Congress 2008						ursement D D /	Υ ' \	, _Y .	Υ
Mailing Address Post Office Box 38585				0 ^M 5		15	2	0 0 7	
City Dallas	State Zip Code TX 75238			Amou	int of Ea	ach Disbui	rsemer	t this P	eriod
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Candidate Name Rep. Pete Sessions	'	Categ Typ							
Senate X President	ment For: 2008 Primary General Other (specify)			Contr	ibutior	1			
State: TX District: 32									
Full Name (Last, First, Middle Initial) Stabenow For U.S. Senate						ID: 1416 ursement	7980		
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Mailing Address PO Box 4945				0.3		1.3		. 0 0 7	
City East Lansing	State Zip Code MI 48826			Amou	int of Ea	ach Disbui	rsemer	t this P	eriod
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Sen. Debbie Stabenow		Тур	-						
°	ment For: 2012 Primary General Other (specify)			2012	Contri	bution			
State: MI District: 2									
Full Name (Last, First, Middle Initial) Glacier PAC						ID: 1416 ursement	7979		
Mailing Address 818 Connecticut Ave., N Suite 1100	N			0 ^M 5	M /	15	Y 2	0 0 7	Y
City Washington	State Zip Code DC 20006			Amou	int of Ea	ach Disbui	rsemer	t this P	eriod
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$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For U.S. Congress	S						Trans Date					950		
	Mailing Address 3729 Silsby Rd							0 ^M 5	М	/ [15	′ [Ý Ž	o ŏ 7	7 Y
	City University Heights	State OH	Zip Code 44118					Amou	ınt o	f Ead	h Di	sburs	emen	t this f	Period
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		ement For: Primary Other (spe	2008 General					Conti	ibu	tion					
_	State: OH District: 11 Full Name (Last, First, Middle Initial)							Trans	sact	ion I	D: 14	4172	971		
В.	Pete King For Congress Committee							Date 0 5	of D	isbur		1 / [YYY	0 ŏ 7	, Y
	Mailing Address Post Office Box 1428														
	City Seaford	State NY	Zip Code 11783					Amou	ınt o	f Ead	h Di	sburs		t this f	
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	Candidate Name Rep. Peter T. King			С		gory/ pe									
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	State: NY District: 3														
C.	Full Name (Last, First, Middle Initial) Latham For Congress							Trans Date	of D	isbur	sem	ent			N.
	Mailing Address PO Box 71							0 ^M 5	М	/ [15]	ž	o ŏ 7	7 1
	City Clarion	State IA	Zip Code 50525					Amou	ınt o	f Ead	h Di	sburs			Period
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 141729	948		
Richard E Neal For Congress Committee					f Disburs		vv	V	v
Mailing Address 76 Magnolia Terrace				0 5	1 1	5 /	2	0 ŏ 7	
	State Zip Code MA 01108			Amoun	t of Each	Disburse	ement	this P	eriod
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Candidate Name Rep. Richard E. Neal		Category Type							
Senate X President	ment For: 2008 Primary General Other (specify)			Contrib	oution				
State: MA District: 2 Full Name (Last, First, Middle Initial)						=			
3. Blumenauer For Congress					ction ID: Disburs		960		
Mailing Address 830 NE Holladay Suite 1	05			0 ^M 5 M	1 / D	5 /	ž Ž	0 ŏ 7	Y
,	State Zip Code OR 97232			Amoun	t of Each	Disburse	ement	this P	eriod
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Rep. Earl Blumenauer		Туре							
Senate X President	ment For: 2008 Primary General Other (specify)			Contrib	oution				
State: OR District: 3 Full Name (Last, First, Middle Initial)				T	ID	1 11 700	207		
Chet Edwards For Congress					ction ID: Disburs	· · · · · — ·	927		
Mailing Address PO Box 23273				0 5	1 / D	5 /	ž	0 ŏ 7	Y
City Waco	State Zip Code TX 76702			Amoun	t of Each	Disburs	ement	this P	eriod
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Candidate Name Rep. Chet Edwards		Category Type							
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/ American Hospital Association PA	C										
Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	141729	28			_
Chet Edwards For Congress				Date	of Dis	sburse			· V	V	
Mailing Address PO Box 23273				0 5	IVI /	1	5 /	2	0 ŏ 7		
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Waco Purpose of Disbursement	TX 76702	т						1	000.0	00	٦
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President	Other (specify)										
State: TX District: 17											
Full Name (Last, First, Middle Initial)						-	141729	36			
Mike Ross For Congress Committee	20					sburse		v · v	V .	V	
Mailing Address PO Box 360				0 ^M 5		1	5 /	2	0 ŏ 7		
City	State Zip Code AR 71857			Amou	unt of	Each	Disburse	men	t this F	erio	Ī
Prescott Purpose of Disbursement	AR 71857	1		+ Г				2	2000.0	00	П
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President	Other (specify)										
State: AR District: 4											
Full Name (Last, First, Middle Initial)							141729	52			
Nunes For Congress				Date	of Dis	sburse	ement	v · v	V .	V	
Mailing Address PO Box 891				0 5		1	5	2	0 ŏ 7		
City Pixley	State Zip Code CA 93256			Amou	unt of	Each	Disburse	men	t this F	erio	ı
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	y Information copied from such Reports and State for commercial purposes, other than using the nan											S
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\rangle	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel							n ID:	14172 ment	2943		
	Mailing Address P.O. Box 101124					0 ^M 5	M /	^D 1	5 /	Y 2	0 ŏ 7	, ^Y
	City Chicago	State IL	Zip Code 60610			Amou	int of	Each	Disbur	semen	-	
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	Candidate Name Rep. Rahm Emanuel			ate Typ	gory/ pe	_						
	Senate >	ement For: C Primary Other (spec	2008 General			Contr	ibuti	on				
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В.	Kline For Congress					Date		burse	D /		Y	Y
	Mailing Address 101 Burnsville Parkway Suite 104					0 5		1	5	2	0 ŏ 7	
	City Burnsville	State MN	Zip Code 55337			Amou	int of	Each	Disbur	rsemen		-
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	Candidate Name Rep. John Kline			ate(gory/ oe							
	· —	ement For: C Primary Other (spec	2008 General			Contr	ibuti	on				
	State: MN District: 2											
C.	Full Name (Last, First, Middle Initial) Preserving America's Traditions PAC (PA	TPAC)				Date	of Dis	burse				
	Mailing Address 228 South Washington Suite B-20	Street				0 5	M /	^D 1	5 /	ž	0 ŏ 7	, ^Y
	City Washington	State DC	Zip Code 22314			Amou	int of	Each	Disbur	rsemen	-	-
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NAME OF COMMITTEE (In Full)										
American Hospital Association PAC										
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Friends Of John Barrow				Date	_	isburse				
Mailing Address PO Box 8166				0 5	М	1	5 /	ž	0 ŏ 7	Y
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Savannah	GA 31412					•		1	000.0	0
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Candidate Name		Cate								
Rep. John Barrow		Тур	е							
· · ·	sement For: 2008 C Primary General			Cont	ribut	ion				
President	Other (specify)									
State: GA District: 12										
Full Name (Last, First, Middle Initial)							141729	962		
Friends Of Dennis Cardoza						isburse		v · v	V .	V
Mailing Address 555 Capitol Mall Suite	425			0 ^M 5	IVI	1	5 /	2	0 ŏ 7	
City Sacramento	State Zip Code CA 95814			Amo	unt o	f Each	Disburse	emen	t this P	eriod
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Candidate Name Rep. Dennis A. Cardoza		Cateo Typ								
	sement For: 2008	1 7 1								
	C Primary General			Cont	ribut	ion				
President District 10	Other (specify)									
State: CA District: 18 Full Name (Last, First, Middle Initial)				_			= = =			
Ellsworth For Congress Committee						i on ID: isburse	141729 ment	968		
M. W. A.I.				м 0 5	М	/ D 1	5 /	Y Y	0 ŏ 7	Υ
Mailing Address P.O. Box 62				0.3			3		007	
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Evansville Purpose of Disbursement	IN 47701					•		2	2500.0	0
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Candidate Name		Cateo								
Mr. Brad Ellsworth		Тур	е	-						
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\rangle	American Hospital Association PAC													
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Α.	Spratt For Congress Committee							of D	sburs		nt	/ · V		V
	Mailing Address PO Box 830						o ^M 5	IVI	2	2 1	Ĺ	2	o ŏ	7
	City York	State Zip Code SC 29745					Amou	int o	f Each	n Dis	burse	emen	t this	Period
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	Rep. John M. Spratt, Jr.			Ty	gory/ pe									
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В.	Friends Of Joe Pitts						Date		sburs				· · · · · ·	V
	Mailing Address PO Box 775						0 5	IVI	2	21		2	0 Ŏ	7 '
	City Unionville	State Zip Code PA 19375				,	Amou	int o	f Each	n Dis	burse			Period
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	Candidate Name Rep. Joseph R. Pitts		Ca	-	gory/									
	Senate President	ement For: 2008 Primary General Other (specify)				C	Contr	ibut	ion					
	State: PA District: 16													
C.	Full Name (Last, First, Middle Initial) The Freedom Project						Date	of D	on ID sburs	eme				
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American Hospital Association PAC							
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Friends Of Weiner				Disbursemen		· · · · · ·	Y
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3. Terry Everett For Congress				Disbursemen			
Mailing Address P.O. Box 1828			05	[/] 21	/ Y 2	0 ŏ 7	Y
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Tim Johnson For South Dakota Inc				Disbursemen			
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Candidate Name Sen. Tim Johnson		Category/ Type					
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Full Name (Last, First, Middle Initial) A. Schiff For Congress								1423	8017		
A. Schiff For Congress						of Di м	sburs		V	V V	V
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Mailing Address 209 Pennsylvania Aven	ue SE				0 5		2	2 1		žoŏ	7
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Full Name (Last, First, Middle Initial) C. Committee To Elect Artur Davis To Cong	ress						on ID:	: 1423 ement	8027		
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Mailing Address Post Office Box 1845					0 5			2 1		200	/
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American Hospital Association PAC							
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John Thune for U.S. Senate				isbursement	VVV	V . V	-
Mailing Address 2098 W. 11th Street			0.5	21	2 () Ď 7 [°]	
City Sioux Falls	State Zip Code SD 57104		Amount o	f Each Disbur	rsement	this Pe	riod
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Hoyer For Congress				isbursement	0010		
Mailing Address 7905 Malcolm Road Suit	e 102		05	24	Ý Ž () ó 7 °	
City Clinton	State Zip Code MD 20735		Amount o	f Each Disbur	rsement	this Pe	riod
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Candidate Name Rep. Steny H. Hoyer		Category/					
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abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Latham For Congress							Trans Date		-	-		316		
	Mailing Address PO Box 71							0 ^M 5	М	′	2 4	1	Y	ž o ŏ	7 ^Y
	City Clarion	State IA	Zip Code 50525					Amou	unt c	of Ea	ch C	isbur		nt this	
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B.	Peter Hoekstra For Congress Mailing Address 1454 Cimarron Drive						Date of Disbursement Date of Disbursement								
	City Holland	State MI	Zip Code 49423					Amou	unt c	of Ea	ch D	isbur		nt this	
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C.	Prairie PAC							Trans Date		isbu	ırsen	nent		v · v	V
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Λ	NAME OF COMMITTEE (In Full)										
17	American Hospital Association PAC										
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^	Full Name (Last, First, Middle Initial)			Transaction ID: 14238313							
A.	Charles Boustany, Jr. MD For Congres		Date of Disbursement								
	Mailing Address Post Office Box 8012	26		05 24 2007							
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